FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 2nd AMENDMENT AFTER 1st AMENDMENT IND. DEP. IND. DEP. IND. DEP. DEP. IND. DEP. IND. DEP. **_1** TOTAL IND. TOTAL IND. TOTAL DEP. TOTAL DEP.

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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